2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F16561

1. Entity Name
KON INC.

Principal Place of Business	Mailing Address
329 S FEDERAL HWY DANIA, FL 33004	329 S FEDERAL HWY DANIA, FL 33004

DO NOT WRITE IN THIS SPACE

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number		Applied For
59-2067807		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KONSCHNIK, MARTIN
329 S FEDERAL HWY
DANIA, FL

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	KONSCHNIK, MARTIN	
STREET ADDRESS	3260 N 46TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL,	
TITLE	STD	
NAME	KONSCHNIK, FLORENCE	
STREET ADDRESS	3260 N 46TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL,	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000352741
05/03/05-80040-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _Martin Konschuk_ MARTIN KONSCHNIK 4/28/05 954-927-27:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #